

Agency of Human Services  
Department of Vermont Health Access (DVHA)  
312 Hurricane Lane, Suite 201  
Williston, VT 05495  
802-879-8256

**SEALED BID  
REQUEST FOR PROPOSAL  
FOR EXPERIENCE OF CARE SURVEYS**

**Expected RFP Schedule Summary:**

Procurement Schedule	
RFP Release Date	October 16, 2014
Bidder's Questions Due	October 30, 2014
Dept. Responses to Vendor's Questions Posted	November 6, 2014
Proposals Due	November 12, 2014
Bid Opening	November 12, 2014
Anticipated Award Announcement	November 20 – December 5, 2014
Anticipated Contract Start Date	January 1, 2015

**LOCATION OF BID OPENING:** 312 Hurricane Lane, Suite 201, Williston, VT 05495

**PLEASE BE ADVISED THAT ALL NOTIFICATIONS, RELEASES, AND AMENDMENTS ASSOCIATED WITH THIS RFP WILL BE POSTED AT:**

<http://www.vermontbidsystem.com>

<http://dvha.vermont.gov/administration/2013-requests-for-proposals>

**THE STATE WILL MAKE NO ATTEMPT TO CONTACT VENDORS WITH UPDATED INFORMATION. IT IS THE RESPONSIBILITY OF EACH VENDOR TO CHECK <http://www.vermontbidsystem.com> AND THE DVHA RFP WEBSITE FOR ANY AND ALL NOTIFICATIONS, RELEASES AND AMENDMENTS ASSOCIATED WITH THE RFP.**

**PURCHASING AGENT:** Michelle A. Mosher  
**TELEPHONE:** (802) 878-7957  
**E-MAIL:** [Michelle.Mosher@state.vt.us](mailto:Michelle.Mosher@state.vt.us)

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# **CHAPTER 1**

## **INFORMATION FOR THE BIDDER**

## 1. **GENERAL PROVISIONS**

### 1.1. INTRODUCTION

The Department of Vermont Health Access, Quality Improvement Unit (hereinafter called DVHA) is seeking to establish service agreements with one (or more) companies that can provide nationally recognized experience of care surveys activities. DVHA has been delegated the responsibility by the Agency of Human Services (AHS) to operate as a public Managed Care Entity (MCE) under 42 CFR §438, financing the provision of medical services to Medicaid eligible Vermonters. The DVHA is required by AHS to have mechanisms in effect to assess customer satisfaction. VT Medicaid has approximately 180,000 covered lives in the program; approximately 120,000 adults and 60,000 children. DVHA will contract with a vendor to conduct Medicaid health plan satisfaction surveys for either/both children and adults. The vendor is expected to be NCQA certified as a CAHPS vendor.

### 1.2. SCHEDULE OF EVENTS

The expected timetable, including the Proposal Due Date and other important dates are set forth below:

Procurement Schedule	
RFP Release Date	October 16, 2014
Bidder's Questions Due	October 30, 2014
Dept. Responses to Vendor's Questions Posted	November 6, 2014
Proposals Due	November 12, 2014
Bid Opening	November 12, 2014
Anticipated Award Announcement	November 20 – December 5, 2014
Anticipated Contract Start Date	January 1, 2015

### 1.3. SINGLE POINT OF CONTACT

All communications concerning this Request For Proposal (RFP) are to be addressed in writing to the attention of:

Michelle A. Mosher  
Procurement Manager  
Department of Vermont Health Access  
312 Hurricane Lane  
Williston, VT 05495  
[Michelle.Mosher@state.vt.us](mailto:Michelle.Mosher@state.vt.us)  
(802) 760-9821

Ms. Mosher will be the sole contact for this proposal. Attempts by bidders to contact any other party could result in the rejection of their proposal.

### 1.4. QUESTION AND ANSWER PERIOD

Any vendor requiring clarification of any section of this proposal must submit specific questions in writing according to the Schedule listed in Section 1.2. Questions must be e-mailed to the RFP Contact listed Section 1.3 of this proposal. Any question not raised in writing on or before the last day of the initial question period is waived. Responses to the questions sent will be posted to the Electronic Bulletin Board website.

## **1.5. INSTRUCTIONS TO BIDDERS**

**The Proposal Packet:** A proposal packet is the entire package of information sent by one bidder in response to one or more program RFPs described in this document. Each bidder may submit only one proposal packet. A bidder may submit a proposal for more than one program in its packet. Each bidder may submit only one proposal in the catchment area called for in the RFP. If you send multiple proposals for the same program, DVHA will reject all of your proposals. Your proposal must include:

- 1.5.1. Rate Sheet:** One rate sheet, found in Appendix A, indicating the programs for which you are submitting a proposal and the proposed rates.
- 1.5.2. Certification and Assurances:** One copy of the signed Certifications and Assurances, found in Appendix A, signed by a person authorized to bind your Company to a contract.
- 1.5.3. References:** Provide the names, addresses, and phone numbers of at least three companies with whom you have transacted similar business in the last 12 months. You must include contact names who can talk knowledgeably about performance.
- 1.5.4. Insurance certificate:** As part of the proposal packet the Bidder must provide current certificates of insurance of which may or may not meet the minimum requirements laid out in the section 4 of this document. Any questions a bidder may have concerning the necessary insurance coverage must be raised during the question and answer period set out in section 1.5 of this document. In the absence of a question, and upon contract negotiations the apparently successful bidder must provide a certificate of insurance that meets the minimum coverage specified in section 4 of this document.
- 1.5.5.** Any other attachments to the proposal labeled and attached.
- 1.5.6. Letter of Submittal:** One letter of submittal, signed by a person authorized to bind your organization to a contract. Your letter must include:
  - 1.5.6.1.** Identifying information about your organization and any sub-contractors. Include the name of the organization, names, addresses, telephone numbers, and address of principal officers and project/program leader, and a description of the type of organization you operate.
  - 1.5.6.2.** A detailed list of all materials and enclosures being sent in the proposal.

1.5.6.3. Any other statements you wish to convey to DVHA.

1.5.6.4. Any alternative contract language you wish to propose. If alternate contract language is longer than one page, attach it to your letter in a separate document.

1.5.7. Your proposal should respond to the following four identified areas (see Section 2.1\_SCORING for more detail).

1.5.7.1. Quality of Bidder Experience

1.5.7.2. Bidder Capacity

1.5.7.3. Technical Proposal/Program Specifications

1.5.7.4. Program Costs

1.5.8. Proposal Format:

1.5.8.1. Use standard 8.5" x 11" white paper. Documents must be single-spaced and use not less than a twelve point font.

1.5.8.2. Send five (5) identical copies of each Program Proposal you are submitting and include a computer file copy of the document on a CD using Microsoft Word, Word Perfect or straight text file formats in the proposal packet. Please mark one "original."

1.5.8.3. State your organization's name on each page of your program proposals and on any other information you are submitting.

1.5.8.4. Write the program proposal in the order given in the scoring criteria charts (bidder capacity, bidder experience, program specifications, and program costs).

1.5.9. Closing Date & Proposal Packet Delivery:

1.5.9.1. Send five (5) copies of your proposal to:

Michelle A. Mosher  
Contract & Grant Administrator  
Department of Vermont Health Access  
312 Hurricane Lane  
Williston, VT 05495

1.5.9.2. Your proposal, (all components including hard copies AND e-mail and/or CD copy) whether mailed or hand delivered, must arrive at DVHA **no later than 1:15 PM, November 12<sup>th</sup> 2014**. Late responses shall not be accepted and shall automatically be disqualified from further consideration. The method of delivery shall be at your discretion, and shall be at your sole risk to assure delivery at the designated office. DVHA does

not take responsibility for any problems in mail or delivery, either within or outside DVHA. Receipt by any other office or mailroom is not equivalent to receipt by DVHA.

#### **1.6. ELECTRONIC COMMUNICATION**

You may use e-mail communication for any communication required in this RFP - EXCEPT to submit your proposal and protest, if any.

#### **1.7. BID OPENING**

The bid opening will be held on November 12, 2014 at 1:30PM at 312 Hurricane Lane, Suite 201, Williston, VT 05495 and is open to the public. Typically, the State will open the bid, read the name and address of the bidder, and read the bid amount. Bid openings are open to members of the public. However no further information which pertains to the bid will be available at that time other than the bid amount, name and address of the bidder. The State reserves the right to limit the information disclosed at the bid opening to the name and address of the bidder when, in its sole discretion, it is determined that the nature, type, or size of the bid is such that the State cannot immediately (at the opening) establish that the bids are in compliance with the RFP. As such, there will be cases in which the bid amount will not be read at the bid opening. Bid results are a public record however, the bid results are exempt from disclosure to the public until the award has been made and the contract is executed with the apparently successful bidder.

#### **1.8. PUBLIC RECORD**

All bid proposals and submitted information connected to this RFP may be subject to disclosure under the State's access to public records law. The successful bidder's response will become part of the official contract file. Once the contract is finalized, material associated with its negotiation is a matter of public record except for those materials that are specifically exempted under the law. One such exemption is material that constitutes trade secret, proprietary, or confidential information. If the response includes material that is considered by the bidder to be proprietary and confidential under 1 V.S.A., Ch. 5 Sec. 317, the bidder shall clearly designate the material as such prior to bid submission. The bidder must identify each page or section of the response that it believes is proprietary and confidential and provides a written explanation relating to each marked portion to justify the denial of a public record request should the State receive such a request. The letter must address the proprietary or confidential nature of each marked section, provide the legal authority relied on, and explain the harm that would occur should the material be disclosed. Under no circumstances can the entire response or price information be marked confidential. Responses so marked may not be considered and will be returned to the bidder.

**1.8.1.** All proposals shall become the property of the State.

**1.8.2.** All public records of DVHA may be disclosed, except that submitted bid documents shall not be released until the Contractor and DVHA have executed the contract. At that time, the unsuccessful bidders may request a copy of their own score sheets as well as request to view the apparently successful bidder's proposal at DVHA Central Office. The name of any Vendor

submitting a response shall also be a matter of public record. Other persons or organizations may also make a request at that time or at a later date.

- 1.8.3.** Consistent with state law, DVHA will not disclose submitted bid documents or RFP records until execution of the contract(s). At that time, upon receipt of a public records request, information about the competitive procurement may be subject to disclosure. DVHA will review the submitted bids and related materials and consider whether those portions specifically marked by a bidder as falling within one of the exceptions of 1 V.S.A., Ch. 5 Sec. 317 are legally exempt. If in DVHA's judgment pages or sections marked as proprietary or confidential are not proprietary or confidential, DVHA will contact the bidder to provide the bidder with an opportunity to prevent the disclosure of those marked portions of its bid.

## **1.9. CONFLICTS OF INTEREST**

A conflict of interest is a set of facts or circumstances in which either a Vendor or anyone acting on its behalf in connection with this procurement has past, present, or currently planned personal, professional, or financial interests or obligations that, in AHS' determination, would actually or apparently conflict or interfere with the Vendor's contractual obligations to AHS. A conflict of interest would include circumstances in which a Vendor's personal, professional or financial interests or obligations may directly or indirectly:

- 1.9.1.** Make it difficult or impossible to fulfill its contractual obligations to AHS in a manner that is consistent with the best interests of the State of Vermont;
- 1.9.2.** Impair, diminish, or interfere with that Vendor's ability to render impartial or objective assistance or advice to AHS; or
- 1.9.3.** Provide the Vendor with an unfair competitive advantage in future AHS procurements.

Neither the Vendor nor any other person or entity acting on its behalf, including but not limited to Subcontractors, employees, agents and representatives, may have a conflict of interest with respect to this procurement. Before submitting a proposal, a Vendor must certify that they do not have personal or business interests that present a conflict of interest with respect to the RFP and resulting contract. Additionally, if applicable, the Vendor must disclose all potential conflicts of interest. The Vendor must describe the measures it will take to ensure that there will be no actual conflict of interest and that its fairness, independence and objectivity will be maintained (see the Vendor Information and Disclosures form instructions in Template C). AHS will determine to what extent, if any, a potential conflict of interest can be mitigated and managed during the term of the contract. Failure to identify potential conflicts of interest may result in disqualification of a proposal or termination of the contract.

## **1.10. COSTS OF PROPOSAL PREPARATION**

DVHA will not pay any bidder costs associated with preparing or presenting any proposal in response to this RFP.

## **1.11. RECEIPT OF INSUFFICIENT COMPETITIVE PROPOSALS**



If DVHA receives one or fewer responsive proposals as a result of this RFP, DVHA reserves the right to select the proposal which best meets DVHA's needs. Furthermore, DVHA reserves the right to reject all proposals. Such a decision may or may not result in reissuance of the RFP. Should a bidder be selected as a result of this RFP, that bidder need not be the sole bidder but will be required to document their ability to meet the requirements identified in this RFP. DVHA reserves the right to obtain clarification or additional information necessary to properly evaluate a proposal or any part thereof. Failure of a bidder to respond to a request for additional information or clarification could result in rejection of that bidder's proposal.

#### **1.12. NON-RESPONSIVE PROPOSALS/WAIVER OF MINOR IRREGULARITIES**

Read all instructions carefully. If you do not comply with any part of this RFP, DVHA may, at its sole option, reject your proposal as non-responsive. DVHA reserves the right to waive minor irregularities contained in any proposal.

#### **1.13. RFP AMENDMENTS**

DVHA reserves the right to amend this RFP. DVHA will post any RFP amendments to on the Electronic Bulletin Board (<http://www.vermontbidsystem.com>).

#### **1.14. REJECTION RIGHTS**

DVHA may, at any time and at its sole discretion and without penalty, reject any and all proposals in any 'catchment' area and issue no contract in that area as a result of this RFP. Furthermore a proposal may be rejected for one or more of the following reasons or for any other reason deemed to be in the best interest of the State:

- 1.14.1.** The failure of the bidder to adhere to one or more provisions established in this RFP.
- 1.14.2.** The failure of the bidder to submit required information in the format specified in this RFP.
- 1.14.3.** The failure of the bidder to adhere to generally accepted ethical and professional principles during the RFP process.

Read all instructions carefully. If you do not comply with any part of this RFP, DVHA may, at its sole option, reject your proposal as non-responsive. DVHA reserves the right to waive any requirements contained in this RFP.

#### **1.15. AUTHORITY TO BIND DVHA**

The Commissioner and Deputy Commissioners of DVHA (in parent AHS Secretary or Deputy Secretary) are the only persons who may legally commit DVHA to any contract agreements.

## **2. PROPOSAL REVIEW**

A review team of knowledgeable individuals will evaluate each proposal. The team members will represent both the service area and central office if appropriate. The review team shall review all proposals for compliance with RFP procedural instructions. If the procedural instructions are not followed, the proposal shall be considered non-responsive. Non-responsive proposals will be eliminated from further evaluation.

**2.1. SCORING**

For each program proposal, the four sections outlined in this section (Quality of Bidder Experience, Bidder Capacity, Technical Proposal and Program Costs) must be responded to in your proposal. Proposals will be scored by individual team members. Scoring is intended to clarify strengths and weaknesses of proposals relative to one another and to provide guidance to decision-makers. It is not a guarantee that the bidder providing the lowest cost estimate to the State will be selected as the Apparently Successful Bidder(s). The sum of the scores of the members will become the proposal's final score.

CRITERIA FOR SCORING	
1 INFORMATION FROM THE BIDDER	
A. Quality of Bidder's Experience	
<ul style="list-style-type: none"> <li>Provide a description of the bidder's contracting experience within the past five years providing like services as called for in this RFP. Specify targeted outcomes, survey response rates, the number of years and geographic areas served by the bidder.</li> <li>Describe the bidder's familiarity with the CAHPS measure proposals within the Centers for Medicare and Medicaid Services' (CMS) initial core sets of health care quality measures for Medicaid-eligible adults and children.</li> <li>Describe the bidder's experience with DVHA. If not currently operating in a DVHA district, describe bidder's experience with like government agency. Please provide data on bidder performance on same or similar contracts, grants and collaborative activities.</li> </ul>	
<ul style="list-style-type: none"> <li>Please provide a recommendation and/or methodology based on the bidder's experience to help the DVHA determine how many beneficiaries we should strive to include in our survey efforts.</li> </ul>	
B. Bidder's Capacity to Perform	
<ul style="list-style-type: none"> <li>Provide a description of the organizational structure of the bidder. Provide a staff organizational chart that identifies the major operational components of the organization, and the lines of authority and responsibility.</li> </ul>	
<ul style="list-style-type: none"> <li>Organizational Quality – describe licensures or accreditations of the organization or other indicators of quality review that attest to the quality of bidder programs.</li> </ul>	
2 TECHNICAL PROPOSAL/PROGRAM SPECIFICATIONS	
A. Responsiveness to Specifications	
<ul style="list-style-type: none"> <li>A detailed description of how the scope of work will be performed by the bidder.</li> </ul>	
<ul style="list-style-type: none"> <li>A demonstrated understanding on the part of the bidder as to how the DVHA can incorporate the CAHPS Children with Chronic Conditions Supplemental Items.</li> </ul>	
<ul style="list-style-type: none"> <li>A description of the summary report that will be provided by the bidder upon collection of the survey results.</li> <li>An explanation of how the bidder will report separately on Children's Health Improvement Project (CHIP) children.</li> </ul>	
B. Implementation Schedule	
<ul style="list-style-type: none"> <li>Provide a general project schedule with key project dates and activities specified for CY 2015.</li> </ul>	
<ul style="list-style-type: none"> <li>Within that project schedule, delineate tasks that are the responsibility of the bidder, as well as those activities that rely on information/data from the DVHA.</li> </ul>	
B. Program Cost	
<b>Schedule A: Summary Program Costs</b> <ul style="list-style-type: none"> <li>Use form Schedule A - Budget Submittal Form to itemize your program costs. The detailed cost proposal should break out the bidder's costs so that the DVHA can determine the costs of the following tasks separately: <ul style="list-style-type: none"> <li>Fielding the base Children's CAHPS Medicaid 5.0H survey</li> <li>Inclusion of the chronic conditions supplemental questions</li> <li>Preparing the final summary report</li> <li>Uploading survey result data to the national CAHPS database</li> </ul> </li> </ul>	
<b>Schedule D: Related Party Disclosure</b> <ul style="list-style-type: none"> <li>In narrative form, disclose all related party relationships including cost purpose and approval process.</li> </ul>	

## 2.2. SELECTION OF THE APPARENTLY SUCCESSFUL BIDDER

The Review Team will evaluate the proposals based on responsiveness to RFP key points and forward the completed scoring tools as well as copies of the proposals to the **Commissioner of DVHA and/or the Deputy Commissioners(s)** for final review and determination of the Apparently Successful Bidder.

## 2.3. NOTIFICATION OF AWARD

DVHA will notify all bidders in writing of selection of the Apparently Successful Bidder(s). DVHA will notify all bidders when the contract(s) resulting from this RFP are signed by posting to the Electronic Bulletin Board (<http://www.vermontbidsystem.com>).

## 3. CONTRACT DEVELOPMENT

### 3.1. CONTRACT TERM

Tentatively, the period of performance of the work to be performed as a result of this RFP is **01/01/2015** to **07/31/2015**. DVHA has the option to continue to contract with the successful bidder pursuant to this RFP for up to two additional years.

### 3.2. CONTRACT STIPULATIONS

The State of Vermont expects the vendor to agree to the State and Agency Customary Contracting Provisions outlined in Attachments C, E and F of this RFP (linked in Section 4 below). Exceptions to the State and Agency Customary Contracting Provisions shall be noted in the bidder's cover letter and further defined by completing the Proposed Changes to Standard Terms and Conditions form included in Appendix A. Exceptions shall be subject to review by the Office of the Attorney General.

Failure to note exceptions will be deemed to be acceptance of the Standard State Provision for Contracts and Grants as outlined in Attachment C, E and F of the RFP. If exceptions are not noted in the RFP but raised during contract negotiations, the State reserves the right to cancel the negotiation if deemed to be in the best interests of the State of Vermont.

DVHA reserves the right to incorporate standard contract provisions which can be mutually agreed upon into any contract negotiated as a result of any proposal submitted in response to this RFP. These provisions may include such things as the normal day-to-day relationships with the vendor, but may not substantially alter the requirements of this RFP. Further, the successful vendor is to be aware that all material submitted in response to this RFP, as well as the RFP itself, may be incorporated as part of the final contract. The selected vendor(s) will sign a contract with DVHA to provide the items named in their responses, at the prices listed. This contract will be subject to review throughout its term. DVHA will consider cancellation upon discovery that the selected vendor is in violation of any portion of the agreement, including an inability by the vendor to provide the products, support and/or service offered in their response. If two or more organizations' joint proposal is apparently successful, one organization must be designated as the Prime Bidder. The Prime Bidder will be DVHA's sole point of contact and will bear sole responsibility for performance under any resulting agreement.

### 3.3. REMITTANCE OF PAYMENT

Contractor must specify the address to which payments will be sent and provide a current W-9 to DVHA upon request.

### **3.4. CONTRACT ACCEPTANCE**

If the Apparently Successful Bidder(s) refuses to sign the agreement within ten (10) business days of delivery, DVHA may cancel the selection and award to the next highest-ranked bidder(s).

## **4. STATE AND AGENCY CUSTOMARY CONTRACTING PROVISIONS**

*The following attachments shall be included in any contract(s) resulting from this RFP:*

- **Attachment C:** <http://dvha.vermont.gov/administration/attachment-c-revised-932014.pdf>
- **Attachment E:** <http://dvha.vermont.gov/administration/attachment-e-092113.pdf>
- **Attachment F:** <http://dvha.vermont.gov/administration/attachment-f-121010.pdf>

## **CHAPTER 2**

## INFORMATION FROM THE BIDDER

**1. QUALITY OF BIDDER'S EXPERIENCE**

In this section you are telling the State about the related experience your company has with these services, this community, the local system of care, DVHA, etc.

**2. BIDDER'S CAPACITY**

In this section you are telling the State about the capacity of your company to provide the services outlined in the RFP. You are describing your organizational structure and how this program fits into this structure.

## **CHAPTER 3**

### **TECHNICAL PROPOSAL/PROGRAM SPECIFICATIONS**



## 1. ATTACHMENT A SPECIFICATION OF WORK TO BE PERFORMED

### I. TECHNICAL PROPOSAL

#### I. PROGRAM SUMMARY

The Department of Vermont Health Access (DVHA) surveys adults and children in its *Global Commitment for Health* program annually. DVHA plans to participate in a national effort coordinated and funded by the Centers for Medicaid and Medicare (CMS) to survey Medicaid Adults at the end of CY 2014 or beginning of CY 2015. Therefore, DVHA is requesting bids on one consumer experience of care survey, the Children's survey, for CY 2015. This scope may change in future years, when/if the national adult survey is not being performed. The vendor is expected to be NCQA certified as a Consumer Assessment of Healthcare Providers and Systems (CAHPS) vendor. The survey will follow the CAHPS guidelines. The DVHA is also interested in working with a vendor who is familiar with the CAHPS measure proposals within the Centers for Medicare and Medicaid Services' (CMS) initial core sets of health care quality measures for Medicaid-eligible adults and children.

There are approximately 60,000 children enrolled in Medicaid in Vermont. The children's survey that will be fielded is the CAHPS Health Plan Survey 5.0 Medicaid Version, including the Children with Chronic Conditions Supplemental Items. The survey will be completed by June 30, 2015. The DVHA will draw the sample frame of individuals for the vendor. The DVHA will flag individuals enrolled in the Children's Health Improvement Project (CHIP) for the vendor, as those results need to be reported on separately by the vendor (and ultimately by DVHA to CMS). The DVHA will work with the successful bidder, and draw on their experience, to determine an appropriate number of required completed surveys. The bidder will need to take into consideration that the DVHA is adding the Chronic Conditions Supplemental items when they advise DVHA on the size of the sample frame, the number of surveys to field and the required number of completed surveys.

The successful bidder will be familiar with and able to submit data to the CAHPS Database in the required format if the CAHPS Database is open and accepting data during the contract period. If the CAHPS Database is not open and accepting data during the contract period, the contractor will provide the DVHA with a data file for the DVHA to submit at a later date.

#### II. PROGRAM GOALS

In support of the Agency of Human Services and the DVHA mission, the goal is to seek and gain feedback from our Medicaid beneficiaries on their experience of care. Ultimately, the DVHA strives to use the results of the CAHPS survey to drive improvement for our beneficiaries. In that pursuit, the DVHA is looking for an experienced vendor who can advise on CAHPS matters that cross-over with other common measure sets, such as the Initial Core

## Set of Healthcare Quality Measures for Medicaid-Eligible Children.

**III. OUTCOMES EXPECTED FROM CONTRACTOR'S PERFORMANCE:**

- A project schedule with key project dates and activities specified for CY 2015.
- Ability to advise the DVHA on the number of surveys to field and the number of desired responses given the specifications of the work to be performed.
- Children's CAHPS Health Plan Survey 5.0H with Chronic Conditions Supplemental Items completed by June 30, 2015
- Analysis summary report of results to the DVHA by July 31, 2015, with CHIP results reported separately.
- Successful submission of survey data to the CAHPS Database within CAHPS database deadline, or data to DVHA by July 31, 2015.

**IV. RESPONSIBILITIES OF CONTRACTOR**

- Provision of the sample frame of individuals to the vendor, with CHIP individuals flagged.
- Provide a point person who will work with successful bidder to develop the survey materials.

**V. REPORTS**

- Analysis summary report of results to the DVHA by July 31, 2015, with CHIP results reported separately.

**2. ATTACHMENT B PROGRAM COSTS/PAYMENT PROVISIONS**

*\* Work specification details will be provided in this section by the program manager.*

**I. PROGRAM COSTS**

In this section, describe the bidder's proposed costs and rates for this program by submitting the completed budget form (Schedule A) which can be found in Appendix B.

Proposals will be evaluated on total costs, administrative versus direct service costs and the narrative describing your company's experience fiscally managing contracts of comparable scale, scope and complexity.

**II. INVOICES**

Contractor will bill the State on or about the first of each month for services authorized under the contract and provided during the previous month. Upon timely and accurate submission of invoices, the State will pay the Contractor for the services on a NET 30 days payment term.

**2.II.1.** Invoice will be in such form as may be required by the State and will contain the following:

**2.II.1.1.** Contract number (listed on the front page of the contract)

**2.II.1.2.** Contractor's signature

**2.II.2.** The invoice requirements apply to all the programs covered under this RFP.

Invoices are to be sent to: **Michelle A. Mosher**  
**Contract & Grant Administrator**  
**Department of Vermont Health Access**  
**312 Hurricane Lane**  
**Williston, VT 05495**  
[Michelle.Mosher@state.vt.us](mailto:Michelle.Mosher@state.vt.us)

## **APPENDIX A**

### **REQUIRED GENERAL FORMS**

**REQUEST FOR PROPOSAL**  
***Vermont Medicaid CAHPS***

This form must be completed and submitted as part of the response for the proposal to be considered valid. The undersigned agrees to furnish the products or services listed at the prices quoted and, unless otherwise stated by the vendor, the Terms of Sales are Net 30 days from receipt of service or invoice, whichever is later. Percentage discounts may be offered for prompt payments of invoices; however, such discounts must be in effect for a period of 30 days or more in order to be considered in making awards.

**VERMONT TAX CERTIFICATE AND INSURANCE CERTIFICATE**

To meet the requirements of Vermont Statute 32 V.S.A. subsection 3113, by law, no agency of the State may enter into extend or renew any contract for the provision of goods, services or real estate space with any person unless such person first certifies, under the pains and penalties of perjury, that he or she is in good standing with the Department of Taxes. A person is in good standing if no taxes are due, if the liability for any tax that may be due is on appeal, or if the person is in compliance with a payment plan approved by the Commissioner of Taxes, 32 V.S.A. subsection 3113. In signing this bid, the bidder certifies under the pains and penalties of perjury that the company/individual is in good standing with respect to, or in full compliance with a plan to pay, any and all taxes due to the State of Vermont as of the date this statement is made.

Bidder further certifies that the company/individual is in compliance with the State's insurance requirements as detailed in section 21 of the Purchasing and Contract Administration Terms and Conditions. All necessary certificates must be received prior to contract issuance. If the certificate of insurance is not received by the identified single point of contact prior to contract issuance, the State of Vermont reserves the right to select another vendor. Please reference this RFP# when submitting the certificate of insurance.

Insurance Certificate: Attached \_\_\_\_\_ Will provide upon notification of award: (within 5 days)

Delivery Offered \_\_\_\_\_ Days After Notice of Award      Terms of Sale \_\_\_\_\_

Quotation Valid for \_\_\_\_\_ Days \_\_\_\_\_      Date: \_\_\_\_\_

Name of Company: \_\_\_\_\_      Telephone Number: \_\_\_\_\_

Fed ID or SS Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

By: \_\_\_\_\_ Name: \_\_\_\_\_  
Signature (Bid Not Valid Unless Signed)      (Type or Print)

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**This is NOT AN ORDER**

All returned quotes and related documents must be identified with our request for quote number.

**CERTIFICATIONS AND ASSURANCES**

I/we make the following certificates and assurances as a required element of the bid or proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract(s):

1. The prices and/or cost data have been determined independently, without consultation, communication or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal or bid.
2. The attached proposal or bid is a firm offer for a period of 120 days following receipt, and it may be accepted by the DVHA without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 120 day period.
3. In preparing this proposal or bid, I/we have not been assisted by any current employee of the State of Vermont whose duties related (or did relate) to this proposal, bid or prospective contract, and who was assisting in other than his or her official, public capacity. Neither does such a person nor any member of his or her immediate family have any financial interest in the outcome of this proposal or bid. (Any exceptions to these assurances are described in full detail on a separate page and attached to this document).
4. I/we understand that the DVHA will not reimburse me/us for any costs incurred in the preparation of this proposal or bid. All proposals or bids become the property of DVHA.
5. I/we understand that any contract(s) awarded as a result of this RFP will incorporate terms and conditions substantially similar to those attached to the RFP. I/we certify that I/we will comply with these or substantially similar terms and conditions if selected as a Contractor.
6. I hereby certify that I have examined the accompanying RFP forms prepared by: [REDACTED] for the funding period beginning [REDACTED] and ending [REDACTED] and that to the best of my knowledge and belief, the contents are true, and correct, and complete statements prepared from the books and records of the provider in accordance with applicable instructions, except as noted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**RATE SHEET**

(to be included in the proposal packet)

\*\*\*EXAMPLE\*\*\*

Company Name: \_\_\_\_\_

Contract Person for all RFPS: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_Program:

\_\_\_\_\_

Proposed Rate(s)\_\_\_\_\_  
(daily rate, if applicable)



## PROPOSED CHANGES TO STANDARD TERMS AND CONDITIONS

### I. STATE AND AGENCY CUSTOMARY CONTRACTING PROVISIONS

*The following attachments shall be included in any contract(s) resulting from this RFP:*

- **Attachment C:** <http://dvha.vermont.gov/administration/attachment-c-revised-932014.pdf>
- **Attachment E:** <http://dvha.vermont.gov/administration/attachment-e-092113.pdf>
- **Attachment F:** <http://dvha.vermont.gov/administration/attachment-f-121010.pdf>

*Please provide a signature acknowledging the Vendor has reviewed the above Attachments.*

Print Name/Signature of Authorized Personnel	Date

### II. PROPOSED CHANGES TO SOV'S STANDARD TERMS & CONDITIONS

Please list and clearly explain any additional exceptions to the State of Vermont's General Terms and Conditions set forth in this RFP, including the State and Agency Customary Contracting Provisions (**or state "No changes proposed"**). If no proposed changes are listed, the Vendor is indicating that no changes to the Terms and Conditions are proposed, and that the Vendor intends to accept them as written if the Vendor's Proposal is selected.

- The Vendor may add rows as appropriate.
- Please do not submit Vendor's Standard Terms and Contracting Provisions in lieu of stipulating exceptions below.
- The State has no obligation to accept any exception(s).

ITEM #	ATTACHMENT	VENDOR PROPOSED CHANGES	EXPLANATION OF EXCEPTION
	(Reference specific Attachment and Section in which exception is taken)	(Vendor's proposed language to State and Agency Customary Contracting Provisions)	(Description of exception being made and rationale)
1.			
2.			

## **SUBCONTRACTOR LETTERS**

### **Instructions**

Provide a letter from each subcontractor that will be associated with this Contract that is signed by someone authorized to legally bind the subcontractor

The letter must include:

- The subcontractor's legal status, federal tax identification number, D-U-N-S number, and principal place of business address;
- The name, phone number, fax number, email address, and mailing address of a person who is authorized to legally bind the subcontractor to contractual obligations;
- A description of the work the subcontractor will do;
- A commitment to do the work if the Vendor is selected; and

A statement that the subcontractor has read and understood the RFP and will comply with the requirements of the RFP.

**SUMMARY OF FUNDS**

(to be included in the proposal packet)

Organization Name \_\_\_\_\_

Fed ID # \_\_\_\_\_

Summary of Funds received during your current fiscal year

\_\_\_\_\_ to \_\_\_\_\_

Source of Funds	Contract/grant total award	Briefly describe activities supported by these funds
Income total		

## **APPENDIX B**

### **REQUIRED COVER SHEET AND REPORTING FORMS**

## DEPARTMENT OF VERMONT HEALTH ACCESS

**APPLICANT INFORMATION SHEET**

(To be included in the proposal packet)

**\*\*NOTE:** This information sheet must be included as the cover sheet of the application being submitted. Be sure to complete this form in its entirety. Please fill out and attach a w-9 to this form signed by the duly appointed signing official for your company.

**Applicant Organization:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Fiscal Agent (Organization Name):** \_\_\_\_\_

FY Starts: \_\_\_\_\_ FY Ends: \_\_\_\_\_

Financial Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

**Whom should we contact if we have questions about this application?**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## SCHEDULE A: SUMMARY OF COSTS

### BUDGET SUBMITTAL FORM

<b>BUSINESS NAME:</b>			
<b>CONTACT NAME AND NUMBER:</b>			
<b>LINE #</b>	<b>BUDGET CATEGORY</b>	<b>PAID HOURS</b>	<b>TOTAL COST</b>
<b>DIRECT PROGRAM COSTS SALARIES:</b>			
1			
2			
3			
4			
5			
6	TOTAL SALARIES		
7	FRINGE BENEFITS		
8	% OF SALARIES		
<b>DIRECT OPERATING:</b>			
9	CONTRACTED- PERSONNEL		
10	CONTRACTED - SERVICES		
11	TELEPHONE/ CELL PHONE		
12	SUPPLIES		
13	TRAVEL		
14	TRAINING		
15	BUILDING RENT OR MORTGAGE/UTILITIES (ONLY IF NOT CO-LOCATED)		
16	INSURANCE		
17	PRINTING		
18	POSTAGE		
19	ACTIVITIES (FOR COMMUNITY SKILLS WORK)		
20	TOTAL OPERATING		
21	TOTAL DIRECT COSTS		
<b>INDIRECT ALLOCATIONS:</b>			
22	ADMINISTRATION (NOT TO EXCEED 13%)		
23	IT EQUIPMENT		
24	REPAIR & MAINTENANCE		
25	TOTAL INDIRECT		

26	TOTAL COSTS		
27	TOTAL DIRECT SERVICE/ SUPERVISION FTEs		

(Schedules B, C and D are to be included in the proposal packet)

## **SCHEDULE A\*: BUDGET SUBMITTAL FORM INSTRUCTIONS**

### **General Instructions:**

The Budget Submittal Form is a generic form designed to best fit all Program Proposals. **Please read the program specifications carefully and follow the format to ensure that each budget item is considered for submittal**

### **Form A Detailed Instruction:**

#### **Lines 1-6 – Salaries**

1-5 – Enter position titles in Column B. Enter paid hours for the contract period in Column C. Enter total salary for each position for the contract period.

6 – Sum of lines 1 –5

#### **Line 7 – Fringe Benefits**

Enter the total fringe benefits to be paid for the total salaries on line 6 (*max 25% – 33%*)

#### **Line 8 - % of Salaries**

Line 7/Line 6

#### **Lines 9-20 – Direct Operating**

9-19 – Enter the total to be paid for each line item during the contract period. Include any additional items not included in 9-15 on lines 16-19.

20 – Sum of lines 9-19.

#### **Line 21 – Total Direct Costs**

Sum of lines 6, 7, and 20.

#### **Lines 22-26 – Indirect Allocations**

22-25 – Enter the total company costs to be allocated to this program for the contract period. Include any additional items not included in 22-23 on lines 24-25.

26 – Sum of lines 22-25.

#### **7). Line 27 – Total Costs**

#### **8.) Line 28 – Total number of direct service/supervision FTEs funded by this contract**

**\*A completed Schedule A is to be included in the Proposal Packet.**

**SCHEDULE B DETAIL OF EXPENSES**

In narrative form explain how figures for salary, benefits, phone, mileage, buildings and facilities were determined.

**SCHEDULE C ALLOCATION OF EXPENSES**

In narrative form, describe your method for allocating your administrative costs.

**SCHEDULE D RELATED PARTY DISCLOSURE**

Please identify all related party relationships including cost purpose and approval process.